



DEPARTMENT OF DEVELOPMENT SERVICES
4701 West Russell Road, Las Vegas, NV 89118 * (702) 455-3000

RESIDENTIAL POOL/SPA PERMIT APPLICATION

ASSESSOR PARCEL NO:

APPLICATION NO.:

JOB SITE ADDRESS:

CONTACT NAME:

PHONE:

CONTACT ADDRESS:

SETUP BY:

OWNER NAME:

PHONE:

DESCRIPTION OF WORK:

PLANS SUBMITTED WITH APPLICATION:

☐ YES ☐ NO ☐ STANDARD

STEEL/STRUCTURAL CALCULATIONS SUBMITTED:

☐ YES ☐ NO ☐ STANDARD

Manufactured (insert pool)

YES ☐ NO ☐

CONTRACTOR'S DECLARATION

I hereby certify that I am licensed under the provisions of N.R.S. 624.

ST. LIC. NO:

CLASS:

CC BUS. LIC. NO:

CONTRACTOR NAME:

MAILING ADDRESS:

PHONE:

CITY:

STATE:

ZIP:

CONTRACTOR
SIGNATURE:

DATE:

I certify that I have read this Application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above mentioned property for inspection purposes.

APPLICANT SIGNATURE

DATE

APPLICANT

QUANTITY	CODE	DESCRIPTION	PRICE	TOTAL	QUANTITY	CODE	DESCRIPTION	PRICE	TOTAL
	E5	Electrical				SW1	Pool/Spa Residential		
		For Issue, Each Pool/Spa Electrical	54.00			SW2	Pool/Spa Residential Maunufactured		
		Each Motor, Up to 1 HP	0.90				For Issue, Each Pool/Spa Plumbing	54.00	
		Each Motor Over 1 HP	3.915				Pool (including Spa)	26.10	
		Special Purpose (Each GFI, GFI Receptacle, Time Clock, Etc.)	0.495				Spa Only	13.05	
		Underwater Lights (Each)	0.495				Natural Gas Piping System	15.525	
		Overhead Lights, First 3,000 Watts	10.35				Natural Gas, Each Heater	2.565	
		Each Additional 1,000 Watts	3.915						
		Receptacles, Outlets or Switches	0.495						
		Electric Heaters, Subpanels (Each)	3.915						
		Electrical Sub-Total					Plumbing Sub-Total		

POOL/SPA FEE CALCULATIONS

SQUARE FOOTAGE	DESCRIPTION	UNIT VALUE	VALUATION
	Decking (Per Square Foot)	3.50	
	Pool/Spa Area (Per Square Foot)	23.00	
	Total Valuation		
	Sub-Total Calculated Fee Per Table 3A		

Zoning Review By: _____ Date: _____

Bldg Plan Review By: _____ Date: _____

☐ Cash ☐ Check No: _____

Issued By: _____ Date: _____

PERMIT FEES

Total Permit Fee: \$ _____

Bldg Plan Review Fee: \$ _____

Zoning Plan Review Fee: \$ _____

TOTAL FEE: \$ _____